

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for CPT Codes 99213, 95860, 95900, 95904, and 95935.
- b. The request was received on April 18, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on May 16, 2002. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit 2 of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated April 18, 2002 that... "My position on this dispute is there is no reasonable explanation why they claim should not be paid in full. On December 31, 2001, ___ at ___ told ___ this is a first time EMG/NCV and does not require any pre-authorization. However, if there were a second time EMG/NCV, this test does not meet the requirements for Rule 134.600H/8, as posted in the ruling. It is a well-settled standard among courts in this country, that a delay or denial

of a medical bill without a reasonable basis, could be in 'Bad Faith' and subjects the Insurer to additional civil damages. I see no legitimate reason for ___ failure to pay these claims promptly. Since it is very possible the Insurer is 'knowingly' delaying payment, the undersigned may also seek redress for full statutory penalties..."

2. Respondent: Respondent did not submit a response to the additional information.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is January 15, 2002.
2. The respondent did not submit any documentation to support that the NCV/EMG testing performed on January 15, 2002 was a repeat diagnostic study; therefore, the disputed date of service will be reviewed as a first time diagnostic study.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
01/15/02	95904	\$600.00	\$0.00	A	\$320.00	Rule 134.600(h)(8)	Preauthorization not required. Reimbursement in the amount of \$678.00 is recommended.
	95900	\$378.00	\$0.00	A	\$192.00		
	95860	\$210.00	\$0.00	A	\$113.00		
	95935	\$200.00	\$0.00	A	\$53.00		
	99213	\$108.00	\$0.00	A	\$48.00		Office visits do not require preauthorization. Reimbursement in the amount of \$48.00 is recommended.
Totals		\$1,496.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$726.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$726.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 15th day of January 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf